SIF-5A Cover Sheet: Wage Calculations

| PO Box 44892 |
|----------------------|
| Olympia WA 98504-489 |

| Olympia WA 98504-4892 | | | | |
|--|---|--|--|---|
| Claimant | | | Claim number | |
| Select one of the following | patterns of employ | ment: | I | |
| Complete form S Worker is an hourly-paid Complete form S | IF-5A1 employee with a regular IF-5A2 employee working a cor IF-5A3 employee with a varyin IF-5A4 yment is exclusively se | g schedule. | | |
| In addition, complete each | _ | | | |
| Bonuses: Did the worker received If yes, complete the f | ve any bonuses in the your collowing calculation: \$ | ear prior to injury? | ÷ 12 = \$(aver | YES NO |
| Health care benefits: Did the worker on the date of injury? | employer contribute tov | vards health care benefits a | t the time of injury; and were the | nose benefits in effect for the |
| — If yes, supply the foll | owing information: to medical benefits: | \$ | Date this coverage will ence Date this coverage will ence Date this coverage will ence | — — |
| Different pay rates : Does the premium pay, etc.)? | worker work a substanti | al number of hours at diffe | rent rates of pay excluding over | time (i.e. shift differentials, YES NO |
| job. Complete a sepa | | vorksheet for each rate of p | thly wage. Treat each rate of pa ay, then add those monthly wag | |
| \$ + | \$ | + \$ | + \$ | = \$ |
| (monthly wage, pay rate #1) | (monthly wage, pay rate #2) | + \$ (monthly wage, pay rate #3) | | (total gross monthly wage) |
| calculation workshee wage calculation her | n each job must be inclet for each job, then adde: | uded in the calculation of the those monthly wages together. | he worker's gross monthly wage ther to arrive at the total gross n | . Complete a separate wage nonthly wage. Show final |
| \$ | + \$ | + | (monthly wage, job #3) | = \$ (total gross |
| (monthly wage, jo | b #1) (mor | nthly wage, job #2) | (monthly wage, job #3) | (total gross monthly wage) |
| Other compensation: Did the | worker receive tips/gra | tuities, board, housing fuel | , clothing allowance, or similar | compensation? |
| — If yes, supply the mo | nthly value of each type | e of compensation: | Dat | YES NO |
| Tips / gratuities \$ _ Clothing \$ _ Fuel \$ | | Board \$ Housing \$ Other (explain) | | - |
| I have th | oroughly investigated t | his worker's wages and am | reporting complete and accurate | e information on these forms. |
| | Phone Number | Employer | | |
| | Date | Authorized Rep | presentative Signature | |

GENERAL INSTRUCTIONS

SELECTING A PATTERN OF EMPLOYMENT

• If the second, third, or fourth box is selected, be sure to address the possibility of a pattern of overtime hours. If a worker has a standard schedule, but also has a consistent pattern of overtime, the overtime hours must be considered when determining which method to apply. Examples:

A worker's "regular" schedule is 8 hours per day, 5 days per week, but in reality he or she also works overtime nearly every Saturday. If the hours per day remain constant, use form SIF-5A2, but base the wage calculation on $\underline{\mathbf{6}}$ days per week.

A worker is regularly scheduled to work 8 hours per day, 5 days per week, but also has a pattern of putting in overtime during the work week. Use form SIF-5A3 and average the hours worked per day, including the overtime hours.

REPORTING THE VALUE OF HEALTH CARE BENEFITS

- Every employer who is contributing to medical, dental, and/or vision benefits on the date of injury MUST report the monthly value of these contributions.
- If the employer ends their contributions toward these benefits at different times, the monthly value of the contribution to each type of benefit must be identified, along with each end date.
- If all health care benefits will end on the same date, and the value of the employer's contribution to each specific type cannot be identified, the total monthly value of the employer's contribution may be entered on the "Monthly contribution to **medical** benefits" line.

IF REPORTING FIRST TIME LOSS, BUT *NOT* REQUESTING A WAGE ORDER:

- Complete the SIF-5, SIF-5A Cover Sheet, and the applicable calculation worksheet(s).
- Do NOT check the "wage order requested" box on the SIF-5.
- Supporting payroll documentation will not routinely be required when a wage order is not requested.

PLEASE NOTE THAT THE DEPARTMENT WILL INVESTIGATE DISCREPANCIES IN WAGE REPORTING, EVEN IF A WAGE ORDER IS NOT REQUESTED. PAYROLL RECORDS MUST BE PROVIDED WHEN REQUESTED BY THE DEPARTMENT.

IF REQUESTING A WAGE ORDER:

- Complete the SIF-5, SIF-5A Cover Sheet, and the applicable calculation worksheet(s).
- Check the "wage order requested" box on the SIF-5.
- ALL documentation that was reviewed in determining the wage must be submitted with the request for the wage order.

IF CALCULATING WAGES BASED ON "LIKE EMPLOYEES":

WARNING: This method of calculating wages should be exceptionally rare!

- Provide an explanation justifying why this method is necessary.
- Always review more than one "like employee" to ensure a fair representation (recommend 3 to 6 individuals).
- Complete an SIF-5A Cover Sheet and the applicable calculation worksheet(s) for each "like employee". Write the words "like employee" across the top of each form.
- Complete an SIF-5, SIF-5A Cover Sheet, and the applicable calculation worksheet(s) for this injured worker, and clearly identify which "like employee" the calculations are based upon.
- If requesting a wage order when using this method, provide all payroll records reviewed for each "like employee".

NOTE: WHEN THE SIF-5A COVER SHEET(S), WORKSHEET(S), AND SUPPORTING DOCUMENTATION ARE SENT TO THE DEPARTMENT, COPIES MUST ALSO BE SENT TO THE WORKER.

INFORMATION FOR INJURED WORKERS

Your daily time loss rate is calculated based on a percentage of your monthly wages. Wages must include the reasonable value of board, housing, fuel, health care benefits, or similar compensation that you may receive from your employer as part of the contract of hire. Wages also include the monthly value of any bonuses you received in the 12 months immediately preceding the date of injury or occupational disease.

These forms are intended to show how your employer has calculated your gross monthly wage and your time loss compensation rate. If you believe any information is missing or incorrect, or if you have questions about your benefit calculation, please contact your employer's claims representative. Their name and phone number are on the front of this document. If you still have concerns after talking with your employer's claims representative, please contact L&I's Self Insurance Section at (360) 902-6901 for assistance.

SIF - 5A1 TIME LOSS CALCULATION WORKSHEET

| Claimant | Claim No. | |
|------------------------|----------------|-------------------|
| Date of injury/illness | Marital Status | No. of dependents |
| | |) |

SALARIED EMPLOYEES

IF A WAGE ORDER IS BEING REQUESTED:

- Payroll records will not be required if the worker and employer agree on the monthly wage amount. Agreement is present when:
 - 1. The 2002 version of the SIF-2 is used and both worker and employer have reported the same wage and bonus amounts.
 - 2. A documented phone call with the worker resolves any discrepancy regarding wage information reported on the 2002 version of the SIF-2. This is also the way to document agreement if an older version of the SIF-2 is used or if the worker did not complete the wage information.
- If there is any disagreement or inconsistency regarding the amount of the monthly salary or the worker indicates the presence of a second job, a consistent pattern of overtime, or multiple rates of pay, complete payroll records must be submitted to resolve the issue.

| | | + | | | = \$ | |
|--------|------------------|------------------|--------------------------------------|---|--------------------|--|
| | (monthly salary) | | , | ge monthly value of es/ other compensation | n) | (monthly wage) |
| B. Mo | ONTHLY WAGE A | ompleted when th | RATE <u>INCLUI</u> e employer con | tributed to healt | h care benefits on | (daily TL comp rate) CARE BENEFITS: the date of injury. The ny reason.) |
| calcul | | | | | | |

SIF - 5A2 TIME LOSS CALCULATION WORKSHEET

| Claimant | Claim No. | |
|------------------------|----------------|-------------------|
| Date of injury/illness | Marital Status | No. of dependents |
| | | |

REGULARLY SCHEDULED HOURLY EMPLOYEES

IF A WAGE ORDER IS BEING REQUESTED:

• Payroll records will not be required if the worker and employer agree on the hourly rate of pay and hours scheduled to work.

Agreement is present when:

- 1. The 2002 version of the SIF-2 is used and both worker and employer have reported the same information.
- 2. A documented phone call with the worker resolves any discrepancy regarding wage information reported on the 2002 version of the SIF-2. This is also the way to document agreement if an older version of the SIF-2 is used or if the worker did not complete the wage information.
- If there is any disagreement or inconsistency, complete payroll records must be submitted to resolve the issue. Payroll records must show hours worked per day and the rates of pay; an explanation of any varying pay rates (shift differentials, premium pay, overtime, etc.); days worked per week; all leave hours; and a key to any codes used.

| | X | | X | | + \$ | = | \$ | |
|-----------------------------------|-----------------------|----------------------|---------|---------------------------------|---------------------------------------|---|---------|----------------------------------|
| (hou | rly rate) | (hours/day) | (0 | lays/month) | (average mont bonuses/ other | hly value of compensation) | (m | onthly wage) |
| | X | | | _= \$ | | ÷ 30 = | | |
| (month | | | | | nly TL comp rate) | (days/month) | | ily TL comp rate) |
| (month | , , | (% based on mar | | , , | , , , , , , , , , , , , , , , , , , , | | (| ,, |
| B. MON | THLY WAGE | AND TIME | LOSS RA | TE <u>INCLUI</u> | DING THE VAI | LUE OF HEAL | TH CARE | E BENEFITS: |
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| B. MON' This sect | THLY WAGE ion MUST be | AND TIME completed w | LOSS RA | TE <u>INCLUI</u> nployer con | tributed to heal | LUE OF HEAL | TH CARE | E BENEFITS: ate of injury. Th |
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SIF - 5A3 TIME LOSS **CALCULATION WORKSHEET**

| Claimant | Claim No. | |
|------------------------|----------------|-------------------|
| Date of injury/illness | Marital Status | No. of dependents |
| | |) |

HOURLY EMPLOYEE WITH VARYING HOURS PER DAY: AVERAGE HOURS PER DAY

Hours must be averaged over a period of time that fairly represents the worker's employment pattern.

Review the employer at injury's payroll records for a minimum of 12 months prior to the date of injury, to determine the worker's pattern. If the worker has not been employed with the employer at injury for 12 months, use the period of time from the date of hire to the date of injury. If this period is too brief to establish a pattern, use the hours of a like

Payroll records must show hours worked per day and the rates of pay; an explanation of any varying pay rates (shift differentials, premium pay, overtime, etc.); days worked per week; all leave hours; and a key to any codes used.

- Select a representative period for averaging hours.
- Explain why that period was chosen.
- Calculate the average number of hours worked per day.
- Include all hours worked regular, overtime, premium, etc.
 Include all scheduled/paid hours such as vacation, sick, holiday, etc.
- Do not include periods of unpaid leave such as leave of absence, maternity leave, etc.

IF REQUESTING A WAGE ORDER, INCLUDE COPIES OF ALL PAYROLL RECORDS REVIEWED.

| eriod us | sed for avera | ging hou | rs: From ₋ | / | / To _ | /////// | Exp | lain w | why t | this period was chosen: |
|------------------------------------|---|--|---|---|-----------------------------------|--|---|--|-----------------------------|---|
| (Total | hours | (# of woo | za in the norio | = | praga hours / wash | • (# of do | us worked not | = ==================================== | : | (average hours / day) |
| MON | THI V WAC | E AND | | | | G THE VA | LUE OF H | | | CARE BENEFITS: |
| iese ca | lculations ar | re to be ı | ised when | the emplo | yer does not | contribute t | to nealth ca | are be | enefi | us or when the employ |
| hese cal ntinues | lculations ar to pay for h | re to be u lealth ca | re benefits | s while the | injured work | ker is off wo | rk.) | | | • |
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SIF - 5A4 TIME LOSS CALCULATION WORKSHEET

| Claimant | Claim No. | |
|------------------------|----------------|-------------------|
| Date of injury/illness | Marital Status | No. of dependents |

VARYING SCHEDULE: AVERAGE HOURS PER MONTH

Hours must be averaged over a period of time that fairly represents the worker's employment pattern.

• Review the employer at injury's payroll records for a minimum of 12 months prior to the date of injury, to determine the worker's pattern. If the worker has not been employed with the employer at injury for 12 months, use the period of time from the date of hire to the date of injury. If this period is too brief to establish a pattern, use the hours of a like employee.

Payroll records must show hours worked per day and the rates of pay; an explanation of any varying pay rates (shift differentials, premium pay, overtime, etc.); days worked per week; all leave hours; and a key to any codes used.

- Select a representative period for averaging hours.
- Explain why that period was chosen.
- Calculate the average number of hours worked per month.
- Include all hours worked regular, overtime, premium, etc.
- Include all scheduled/paid hours such as vacation, sick, holiday, etc.
- Do not include periods of unpaid leave such as leave of absence, maternity leave, etc.

IF REQUESTING A WAGE ORDER, INCLUDE COPIES OF ALL PAYROLL RECORDS REVIEWED.

| | | CALC | CULATIONS - | AVERA | GE HOURS | PER MO | NTH | |
|---------------|---|--|---|---|--|---|---|--|
| Po | eriod used for averag | ng hours: | From/ | | То// | Expla | in why | this period was chosen: |
| _ | | | ÷ | | | = | | (average hours / month) |
| | (total hours) | | | (# | of months in the per | riod) | | (average hours / month) |
| Γh | MONTHLY WAGE hese calculations are ntinues to pay for he | to be used | d when the emplo | EXCLUD | ING THE VAI | LUE OF HEA | | |
| Γh | hese calculations are ntinues to pay for he | to be used alth care l | ME LOSS RATE d when the emplo benefits while the | EXCLUD oyer does i e injured v | ING THE VAI not contribute to orker is off wo | LUE OF HEA to health care ork.) | benef | its or when the employo |
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F207-156-000 SIF - 5A4 time loss calculation worksheet 7-02

SIF - 5A5 TIME LOSS CALCULATION WORKSHEET

| Claimant | Claim No. |
|------------------------|----------------------------------|
| Date of injury/illness | Marital Status No. of dependents |
| | |

EXCLUSIVELY SEASONAL OR INTERMITTENT EMPLOYEES

WARNING: These employment patterns are relatively rare. The worker should not be categorized this way without complete supporting documentation.

The worker's work history and pattern of employment must be reviewed, as well as the relationship with the current employer, to determine if a worker is exclusively seasonal or intermittent.

• Obtain a work history from the worker showing all employment for a minimum of three years prior to the date of injury/occupational disease.

Work history must include employer names, dates/periods of employment and an explanation of any significant gaps in employment.

- Obtain documentation of gross wages, including overtime, from all employment for the entire period covered by the work history.
- Select a 12-month period for averaging wages that fairly represents the worker's earning history.
- Explain why that period was chosen.
- Calculate the average monthly wage.

TE DECUESTING A WAGE ODDED. INCLUDE CODIES OF ALL RECORDS REVIEWED

| Note: The period selected MUST | be 12 consecut | ive calendar months. | | |
|---------------------------------|----------------|----------------------|-----|-------------------------------------|
| Period used for averaging wages | :: From/_ | /To | _// | _ Explain why this period was chose |
| (Total wages) | : | 12 Months | | = \$(average monthly wage |

| A. 7 | TIME LOSS | RATE EXCL | LUDING THE | VALUE OF | HEALTH | CARE BENEFITS | 5: |
|------|-----------|-----------|------------|----------|--------|---------------|----|
|------|-----------|-----------|------------|----------|--------|---------------|----|

(These calculations are to be used when the employer does not contribute to health care benefits or when the employer continues to pay for health care benefits while the injured worker is off work.)

| \$ X | | = \$ | | |
|------------------------|--------------------------------|-------------------------|--------------|----------------------|
| (average monthly wage) | (% based on marital/dependent) | (*monthly TL comp rate) | (days/month) | (daily TL comp rate) |

B. MONTHLY WAGE AND TIME LOSS RATE INCLUDING THE VALUE OF HEALTH CARE BENEFITS:

(This section MUST be completed when the employer contributed to health care benefits on the date of injury. These calculations will be used when the employer contribution to health care benefits ceases for any reason.)

| \$ | , | \$ | | = \$ | |
|-----|---------------------|----|------------------------------------|------|------------------------|
| (av | erage monthly wage) | - | (monthly value of health benefits) | _ | (updated monthly wage) |
| | | | | | |

(% based on marital/dependent) (*monthly TL comp rate)

*In no event will your monthly/daily rate exceed the maximum allowed by law (RCW 51.32.090)